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**School District Claim for State Reimbursement for School Bus Transportation** 

DUE
DATES

		·								
DUE DATES:		First February 1 to C February 15 to S				Second Semester  May 10 to County Superintendent  May 24 to State Superintendent				
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:										
This claim is for the period beginning										
CERTIF	ICATIO	N:								
The infor	mation on	this form is complete a	nd accurate to th	e best of my kn	owledge.					
Date	Date Signature, Chair, Board of Trustees									
County:		Distr	ict:				District Le	vel:		
36 Philli	ps	064	7 Dodson	Elem			Elemer	ntary		
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #		
60	2-A	36-2-A100 West	100	0.95	42	None				
60	2-A	36-2-A116ANorth	120	0.95	47	10/28/05				
60	2-A	36-2-A116BNorth 88		0.95	47	10/28/05				
60	2-A	36-2-A133 South	133	0.95	48	10/28/05				

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

		Helei	na, ivi i	59620-25	01			•		
DUE DATES:		February 1 t February 15	o Cou				-	Second 0 to County 4 to State S	-	
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:										
This clain	n is for the	period beginning			,	20 and	ending		, 20	<u></u> .
			r	nonth	day			month	day	
CERTIF	ICATIO:	N:								
The infor	mation on	this form is compl	ete and	accurate to the	e best of my kn	owledge.				
Date			Signatur	re, Chair, Board	d of Trustees					
County:			District:						District Leve	ıl:
36 Philli	ps		0648	Dodson I	H S				High Scl	hool
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection		ays rated	Bus Driver's Social Security #
65	С	2 Rapelje		90.6	0.95	48	07/19/05			
40	C	36-2-A100 W	/est	100	0.95	42	None			
40	C	36-2-A116AN	orth	120	0.95	47	10/28/05			
40	C	36-2-A116BN	orth	88	0.95	47	10/28/05	· ·		
40	C	36-2-A133 So	outh	133	0.95	48	10/28/05			

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**CERTIFICATION:** 

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

## **School District Claim for** State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE DATES:	February 1 to	rst Semester County Superio State Superir				Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLI	ETE THIS CLAIM FOR	STATE REIM	BURSEM	ENT FO	R SCHOOL	BUS TRANSPORT	TATION:		
This clain	n is for the period beginning _			, 20	_ and ending _		, 20		
		month	day			month	day		

5.5

The information on this form is complete and accurate to the best of my knowledge.													
Date Signature, Chair, Board of Trustees													
County:			District: District Level:						evel:				
36 Philli	ps		0653	Landusk	y Elem			Eleme	ntary				
	District	Route		Miles	Rate	Days	Bus Driver's						
Percentage	#	#		Per Day   Per Mile   Capacity   Inspection   Operated   Social Security #									

71

08/03/05

1.57

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25

25

25

12B

12B

12B

2

3

4

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

102.2

102.4

134.2

1.15

0.95

1.15

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		Hele	na, M	Г 59620-25	01		School Bus Transportation			
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIME	BURSEMEN	NT FOR SCH	OOL BUS TRA	NSPORTA	TION:	
This clain	m is for the	period beginning	g			, 20 and en	nding		, 20	
			1	month	day		m	onth	day	
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kr	nowledge.				
Date	Date Signature, Chair, Board of Trustees									
County:			District	:				D	istrict Level:	
36 Philli	ips		0657	Saco H S	<b>;</b>			Н	ligh School	
Percentage	District #	Route #	•	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operat		Bus Driver's locial Security #
25	12B	1		99.2	1.15	52	08/05/05			

54

42

52

08/05/05

08/05/05

08/05/05

PI

## **School District Claim for** State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

## **Second Semester** First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 36 Phillips 0659 Malta K-12 Schools **High School** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # Capacity Inspection 100 14A 1 76 1.15 53 08/09/05 100 14A 14A 79.4 1.80 81 08/09/05 100 14A 2 76.4 81 08/09/05 1.80 3 0.95 100 14A 110 36 08/09/05 100 14A 3non 110 0.50 36 08/09/05 100 14A 4 95 0.95 21 08/09/05 14A 5 77 100 87 1.57 08/09/05 100 6 92 52 08/09/05 14A 1.15 100 14A 92 0.50 52 08/09/05 6Non

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

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DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						•	Second Semester County Superin State Superinter	tendent	
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SCH	IOOL BUS TRAI	NSPORTATION:		
This clain	n is for the	period beginning	S		<b>,</b>	20 and e	nding	,	20	
				month	day		m	onth da	y	
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
County:			District	:			District Level:			
36 Philli	ps		0663 Whitewater K-12 School					High So	chool	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	D	1		125	1.15	54	08/07/05			
100	D	2		109	0.95	43	08/07/05			
100	D	3		80	1.15	54	08/07/05			
100	D	4		138	1.15	54	08/07/05			
100	D	5		40	0.95	36	08/07/05			
100	D	6		133	0.95	49	08/07/05			

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

,									
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:									
This claim is for the period beginning						and ending, 20			
			month	day		n	nonth d	ay	
CERTIFICATION:									
The information on this form is complete and accurate to the best of my knowledge.									
Date Signature, Chair, Board of Trustees									
County: District:						District Level:			
36 Philli	ips		1203 Saco Elem			Elementary			
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
75	12A	1	99.2	1.15	52	08/05/05			
75	12A	2	102.2	1.15	54	08/05/05			
75	12A	3	102.4	0.95	42	08/05/05			
75	12A	4	134.2	1.15	52	08/05/05			